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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND **CHANGE OF CORRESPONDENCE ADDRESS**

| Application Number | 09/079,468-Conf. #8388 | | | | |
|------------------------|------------------------|--|--|--|--|
| Filing Date | May 15, 1998 | | | | |
| First Named Inventor | Akira Nishimura | | | | |
| Art Unit | 1771 | | | | |
| Examiner Name | Not Yet Assigned | | | | |
| Attorney Docket Number | 21089/0207154-US0 | | | | |

| I hereby re | voke all p | revious po | wers of atto | rney giv | /en in t | he abo | ve-identified ap | plicatio | on. | |
|--|-------------------------|------------|--------------|----------|----------|--------|------------------|----------|-----|--|
| A Power of Attorney is submitted herewith. OR X I hereby appoint the practitioners associated with the Customer Number: 07278 | | | | | | | | | | |
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| I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | | |
| Signature | Signature Chiaki Janaka | | | | | | | | | |
| Name | Chiaki | Tanaka, I | Executive \ | | esider | nt | | | | |
| Date | | | | | | | Telephone | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | | |
| *Total of1 forms are submitted. | | | | | | | | | | |